IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appricants

WILKINSON, James Hedley

RECEIVED

Appl. No.

09/410,504

SEP 3 0 2004

Filed

October 1, 1999

Title

DIGITAL SIGNAL PROCESSING AND SIGNAL FORMAT

Technology Center 2600

Art Unit

2613

Examiner

CZEKAJ, David J.

745 Fifth Avenue New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Samuel S. Lee, Reg. No. 42,791

(Name of Applicant, Assignee or Registered Representative)

Signature

September 24, 2004

Date of Signature

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of June 24, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2.

Remarks/Arguments begin on page 11.



PATENT 450110-02215

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DIGITAL SIGNAL PROCESSING AND SIGNAL FORMAT

James H. WILKINSON 09/410,504

October 1, 1999

CZEKAJ, David J.

Serial No.

For

Filed

Examiner

Art Unit

2613

RECEIVED

SEP 3 0 2004

Technology Center 2600

MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

 \bowtie No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	39	Minus	42 =	0 ×	\$18(9)	= \$0
Independent claims	3	Minus	4 =	0 ×	\$86(43)	= \$0
	·		Total additional fee for this amendment			= \$0

If the entry in Column 2 is less than the en	ry in Column 4	write "0" in Column 5.
--	----------------	------------------------

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid , or is paid
herewith
This response is being filed within the month following the expiration of the term originally set therefor.
This is a petition to request a -month extension of time. A check covering the cost of the petition is

A USPTO Form 2038 - Credit Card Payment Form in the amount of \$

.00 is attached, which covers the cost of

additional claims and -month petition for extension of time.

Charge \$_ to Deposit Account No. 50-0320.

 \boxtimes Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Samuel S. Lee, Reg. No. 42,791

(Name of Applicant, Assignee or Registered Representative)

Signature

September 24, 2004

Date of Signature

FROMMER LAWRENCE & HAUG, LLP

Attorneys for Applicant(s)

Samuel S. Lee, Reg. No. 42,791 for

By: William/S. Frommer Reg. No25,506

Tel. (212) 588-0800

If the highest number of total claims previously paid for is less than 20, write "20" in this space.